



L. Mark Wilhelm  
Chief of Police

# SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

## MEMORANDUM

Subject: Police Officer Application Processing  
Salisbury Police Department Recruitment Brochure **(Also on this site)**  
Form F-3 Instrument for **completion** and **return with application**

Dear Applicant:

In this packet of information you will find an application, a brochure with the hiring process described and its elements detailed for you. Please review the Recruitment Brochure in detail. It contains information that will be of significant benefit to you as an applicant while you proceed through the hiring process.

Also included in this packet is your Form F-3 to be filled out in **your handwriting and returned notarized with your application**. If you do not have access to a notary, you may bring it to the Salisbury Police Department, Records Division, 130 East Liberty Street or the Human Resource Department, level 2, 132 North Main Street, Salisbury, N.C. between the hours of 8:30 am and 5:00 pm.

Your Form F-3 must be returned with your application. If you do not return your notarized Form F-3, your progress will be slowed or you will be eliminated from consideration altogether.

If you have questions concerning any of these documents, you are to call me and I will return your call as soon as possible to assist you with detailed instructions so that your F-3 is filled out correctly and accurately. Your Form F-3 must be notarized and reviewed before you can proceed to the next step which will be the Physical Abilities Testing Assessment.

Form F-3 Special Instructions: **(READ & FOLLOW INSTRUCTIONS  
CAREFULLY)**

QUESTION NUMBER:

1. If you have ever had a name change, list it here. Males, list any name changes. Females should include all married names.
3. Your present mailing address means where you reside all or most of the time.
7. Do not place N/A in this blank. List your ethnicity.
14. List all children born to you regardless of their present status.
17. List residential address back to back with no lapses in dates.
25. If you have applied with any agency, list the agency in this blank. If you know the status of your application please list.
26. Do not place N/A in this blank, answer yes or no. If you answer yes, you may explain on additional sheets of paper if needed.
31. List all jobs. Some applicants leave one or two jobs off. Doing this will eliminate you from consideration in this process. It is your responsibility to locate and report correct names of supervisors, address of the companies and phone numbers for each business.
47. List any criminal charges that have ever been filed against you in any location or state. A criminal summons is classified as a criminal arrest even though you are not taken into physical custody. If you were found not guilty, you must list any charges regardless of their final disposition.

**Failure to disclose any arrests will disqualify you from the hiring process.**

63. Read this carefully, **Do Not** use family members or past supervisors. We will not accept applications with less than five references listed. You must list their address and correct phone number.

If you have any questions about any information to be disclosed, please call us at the office with your concerns for clarification at (704) 638-5343.

In keeping with the Salisbury Police Department Internal Policies concerning reapplication, if you withdraw from the hiring process or are eliminated at a specific step in the process, you may reapply for this position six months after the previous application date.

An example of your ability to reapply would be failure to pass any examination process contained in the hiring process. An example of not being able to reapply would be that you were screened out before being **eligible** to proceed at the initial receipt of your application.

**If you have decided not to proceed in this process, please let us know as soon as possible.**

This letter is designed to help your application process proceed quickly and if you do not return your notarized Form F-3 with your application you will slow down your progression or you may be eliminated from consideration altogether.

You should have the application, Waiver of Liability and the Authorization to Release Information forms. In addition, your city application and Form F-3, you must include the following:

- Copy of your driver's license**
- Copy of your Social Security Card**
- Copy of your high school and/or college diplomas**
- Copy of your birth certificate**
- Copy of DD214 (if applicable)**
- Copy of any special certificates you believe appropriate**
- Copy of firearms qualification (if applicable)**
- Waiver of Liability (notarized)**
- Authorization to Release Information (notarized)**



When you have completed this packet, it is to be returned to: The City of Salisbury, Human Resources Department, 132 North Main Street, Post Office Box 479, Salisbury, NC 28145-0479.

If you have any concerns or questions during the hiring process, do not hesitate to call for assistance or clarification about your application status.

Sincerely,

A handwritten signature in cursive script that reads "Sgt. Hayes Russell".

Sergeant Hayes Russell  
Training Sergeant  
Salisbury Police Department  
130 East Liberty Street  
Salisbury, NC 28144  
(704) 638-5343 Office  
(704) 638-5348 Fax  
[hruss@salisburync.gov](mailto:hruss@salisburync.gov)

# THE CITY OF SALISBURY

## EMPLOYMENT APPLICATION

*An Equal Opportunity /Affirmative Action Employer*

**HUMAN RESOURCES DEPARTMENT**

**City Office Building**

**132 North Main Street**

**2nd Floor**

**P. O. Box 479**

**Salisbury, NC 28145-0479**

**704/638-5226**

**Job Opportunities Hotline 704/638-5355**



### CURRENT DATA

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

Mailing Address \_\_\_\_\_  
(STREET, RFD or P.O. BOX) (CITY) (STATE) (ZIP)

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

If neither, where can you be reached? \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATION AND TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

GED

College 1 2 3 4

Graduate School 1 2 3 4

Type of School	Name and Location	Graduated	Type Diploma/Degree	Field of Study
High School		Yes No		
Business or Technical School		Yes No		
College or University		Yes No		
Graduate School		Yes No		

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

\_\_\_\_\_  
\_\_\_\_\_

Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Lic. No. \_\_\_\_\_ State \_\_\_\_\_

Is your driver's license a Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, indicate the class \_\_\_\_\_

## SPECIALIZED SKILLS

Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for a clerical position, indicate typing speed and word processing software packages used.

CLERICAL	AUTOMOTIVE EQUIPMENT
1.	1.
2.	2.
3.	3.
4.	4.

Describe other special qualifications or skills (publications, public speaking, membership in professional or scientific organizations, hobbies, or volunteer work). \_\_\_\_\_

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## GENERAL INFORMATION

Minimum salary (wage) requirements \$ \_\_\_\_\_ per \_\_\_\_\_

Have you previously worked for the City? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_ Dept. \_\_\_\_\_

Are you related by blood or marriage to any person now employed by the City of Salisbury? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept. \_\_\_\_\_

Have you pled guilty, nolo contendere (no contest) or been convicted of a felony in the last seven years? If yes, describe in full. (Conviction will not necessarily disqualify an applicant from employment.) Yes \_\_\_\_\_ No \_\_\_\_\_

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Are you a United States Citizen or do you currently have authorization to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you complied with the requirements of the Federal Selective Service Registration Act (Draft Registration)?

N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been dismissed or forced to resign from a job for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe:

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## EMPLOYMENT HISTORY

List your work history beginning with the present or most recent employer. Include details on periods of unemployment and military service, as well as part-time, summer, and related volunteer work. If more space is required, please request additional work history sheets or attach additional sheets using the same format.

Name and Address of Employer \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_ Title of Position \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Salary \$ \_\_\_\_\_ Reason you wish to leave \_\_\_\_\_

Description of Duties and Responsibilities \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

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Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

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Description of Duties and Responsibilities \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

## AUTHORIZATION AND ACKNOWLEDGEMENTS

I understand that employment with the City of Salisbury is contingent upon the successful completion of a drug screening test. I consent to the testing and understand that the result could preclude my employment.

I understand that upon receiving a conditional job offer, I must pass a physical examination.

I understand that acceptance of an offer of employment does not create an expressed or implied contractual obligation upon the employer to continue to employ me in the future.

Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the City with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.

Consistent with the provisions contained in the 1985 amendments to the Fair Labor Standards Act, I understand that it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay. If employed, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work I may be required to perform as an employee of the City of Salisbury.

In accordance with the Americans with Disabilities Act, I understand the City will consider reasonable accommodation if requested.

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statements or major omissions shall be considered sufficient cause for employment disqualification or dismissal.

I authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Salisbury, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application remains effective for ninety (90) days.



L. Mark Wilhelm  
Chief of Police

# SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

## AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, am an applicant for employment with the Salisbury Police Department. In order to process my application, certain information must be made available to the Chief of Police of the City of Salisbury. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions, consumer reporting agencies, doctors and any other persons, institution or organization and all governmental agencies and instrumentality's (local, state, federal and foreign); wherever said individuals or organizations are situated, to release to the Chief of Police of Salisbury, or any representative thereof, any document, information record or file that he deems material to processing my application for employment. Said information can be furnished if the request thereof is made in person or in writing.

Further, I release all said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Chief of Police or his representatives, and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all legal communication privileges that I could claim.

Further, I appoint the Chief of Police or his representatives as my agent for the purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person.

**AFFIDAVIT OF (FULL NAME PRINTED)** \_\_\_\_\_

I, the undersigned, being duly sworn, deposes and says as follows:

I am the person who executed the above authorization; I understand its meaning, intention and effect and that the statements therein are true and correct. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

**SIGNATURE (IN FULL):** \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200\_\_\_\_\_

**SIGNATURE OF NOTARY:**  
\_\_\_\_\_

My commission expires: \_\_\_\_\_



L. Mark Wilhelm  
Chief of Police

# SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

## WAIVER OF LIABILITY

### PHYSICAL FITNESS EVALUATION

I, the undersigned, am an applicant for employment as a Police Officer with the Salisbury Police Department. In order to process my application, I understand that the process involves a physical fitness evaluation. I understand that this evaluation involves strenuous physical activity, which involves running, muscular endurance, agility and cardiovascular testing. I am fully aware of the consequences involved in physical exertion and am willing to submit to this evaluation voluntarily.

I, therefore, authorize the Chief of Police or any of his appointed representatives to administer any or all physical fitness evaluations that the department deems necessary for evaluation of my total fitness level.

Further, I release the Salisbury Police Department or any of the employees thereof, the City of Salisbury or any of the employees thereof, from any liability for any and all accidents, injuries or illnesses that may occur while being tested in the physical fitness phase of the application process, whether the accident, injury or illness occurs now or at a later date, as a result of the physical fitness evaluation.

Further, I understand that I may have to undergo a physical exam by a medical physician to determine if I am capable of undergoing said physical fitness evaluation.

Further, I understand that failure to agree to the terms of this waiver will prevent the evaluation from being conducted and may result in my application being rejected.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_



# SALISBURY POLICE DEPARTMENT

An Internationally Accredited Law Enforcement Agency

L. Mark Wilhelm  
Chief of Police

## **Physical Fitness Assessment**

As part of the selection process, each candidate will be required to undergo a physical assessment as part of the hiring process. Each candidate must submit a written waiver from a physician granting approval prior to this assessment. The assessment includes the following:

Cardiovascular (1.5 mile run/and 3 minute step test)  
Body Composition (percentage of body fat)  
Flexibility (sit and reach test in inches)  
Vertical jump  
Upper body strength (1 repetition bench press)  
Dynamic Strength (maximum number of sit-ups within 1 minute)

\*\*\*\*\*

This assessment will be scored according to the applicant's age and gender normed standards set by the Institute for Aerobics Research in Dallas, Texas. These are the same standards used in B.L.E.T. The candidate will be given a percentile score for each of the six (6) categories, and from this, an overall percentile fitness level can be scored. This score will be incorporated within other phases of the selection process.

\*\*\*\*\*

## EQUAL OPPORTUNITY INFORMATION

The City of Salisbury is an Equal Opportunity/Affirmative Action employer. The following information is needed in order to comply with reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application and will not be used in any way in the selection process or for any personnel action following employment.

DATE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

CHECK IF APPLICABLE: \_\_\_\_\_ Disabled \_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran

ETHNIC CATEGORY:

\_\_\_\_\_ White (Origins in Europe, North Africa, the Middle East, or the Indian Subcontinent)

\_\_\_\_\_ Black (Origins in any of the black racial groups)

\_\_\_\_\_ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or group, regardless of race)

\_\_\_\_\_ Asian or Pacific Islanders (Origins in the Far East, Southeast Asia, or the Pacific Islands)

\_\_\_\_\_ American Indian or Alaskan Native (Origins in the original peoples of North America)

The following information is needed to help evaluate the effectiveness of the recruitment program:

HOW DID YOU LEARN OF THIS OPENING? (Please check all which apply)

\_\_\_\_\_ Newspaper (which one? \_\_\_\_\_)

\_\_\_\_\_ Professional magazine or newsletter (specify) \_\_\_\_\_

\_\_\_\_\_ Employment Security Commission

\_\_\_\_\_ Personal referral (who?) \_\_\_\_\_

\_\_\_\_\_ Other (specify) \_\_\_\_\_



# THE CITY OF SALISBURY

## EMPLOYMENT INFORMATION

HUMAN RESOURCES DEPARTMENT  
City Office Building  
132 North Main Street  
2nd Floor  
P. O. Box 479  
Salisbury, NC 28145-0479  
704/638-5226  
Job Opportunities Hotline 704/638-5355



## EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION

The City of Salisbury is dedicated to equality of opportunity. Accordingly, discrimination on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services is prohibited. As a matter of choice, an Affirmative Action Plan has been adopted.

## APPLICATION INSTRUCTIONS

The Human Resources Department administers the recruitment and selection process for staff vacancies. Vacant positions are published on an Employment Opportunities Bulletin as vacancies occur. Information about posted vacancies is also available through the 24-hour Job Opportunities Hotline (638-5355). Applications are not accepted for positions not currently available. The Human Resources Department is open from 8:30 a.m. until 5:00 p.m., Monday-Friday.

Your application is the primary source of information in considering you for employment and, therefore, should represent your best effort. Fill out all sections completely and to the best of your ability. Indicate the specific position for which you are applying. If you want to apply for positions in different occupational areas, you must submit a separate application for each position. **A personal resume may be submitted as a supplement to the application. Unsigned or incomplete applications will not be considered.** Providing false or misleading information or documentation may result in your application being disqualified or your dismissal, if employed. The disclosure of Equal Opportunity Information is voluntary. It is used to monitor recruitment efforts. This information in no way affects you as an applicant. Once submitted, application materials become the property of the City.

After the application closing date, applications will be reviewed. Based on the evaluation, a limited number of applications will be referred to the hiring department. The hiring department will contact those applicants in which they are interested to arrange personal interviews. You will be notified when you are no longer being considered for the position, or when the position has been filled.

If you wish to apply for another vacancy at a later date, you may use the application already on file providing that it is less than 90 days old and for a position in the same occupation area. To receive consideration for an additional vacancy, you must contact the Human Resources Department by 5:00 p.m. on the closing date of the posted job. If there have been any changes in your employment status or history, you must update your original application.

All candidates (including those applying for temporary or seasonal positions) are asked to submit to drug testing prior to being offered employment. A positive drug test result eliminates an applicant from further consideration. Candidates for regular full-time and part-time positions are required to get physicals paid for by the City. These physicals will be scheduled only after a conditional job offer is made. Employment is contingent upon a positive recommendation from the City's physician.

## **EMPLOYEE BENEFITS**

- \* 12 days vacation (annual leave) per year increasing with service to 21 days
- \* 12 days paid sick leave per year
- \* 10 paid holidays per year
- \* Free life and accidental death/dismemberment insurance
- \* Contributory retirement system (LGERS)
- \* Deferred Compensation Program
- \* Disability Insurance
- \* Free medical/hospitalization/dental insurance
- \* Education reimbursement
- \* Merit Pay Plan
- \* Credit Union membership
- \* Worker's Compensation
- \* Service recognition
- \* 401(k)
- \* Uniforms

(Part-time employees who work more than 1000 hours in a calendar year receive prorated benefits. Part-time employees who work less than 1000 hours in a calendar year receive no benefits.)

## **DEPENDENT AND FAMILY BENEFITS**

- \* Life and accidental death/dismemberment insurance
- \* Supplemented premiums for dependent medical and dental insurance coverage
- \* Credit Union membership
- \* COBRA
- \* Section 125 Medical and Dependent Care Reimbursement

## **OVERTIME COMPENSATION AGREEMENT**

Employees who are classified as non-exempt under the provisions of the Fair Labor Standards Act (FLSA) always receive overtime pay or compensatory time off for working over 40 hours in one week. It is the City's policy to compensate employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

*Thank you for your interest in working for the City of Salisbury!*

December 29, 2004

THE CITY OF SALISBURY  
HUMAN RESOURCES DEPARTMENT  
City Office Building  
132 North Main Street, 2<sup>nd</sup> Floor  
P. O. Box 479  
Salisbury, NC 28145-0479



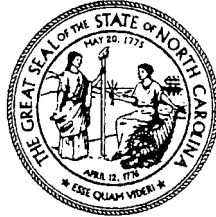
## **EMPLOYMENT OPPORTUNITIES**

### **POLICE OFFICER**

The City of Salisbury is seeking highly motivated applicants with a strong desire to enter the challenging field of law enforcement to fill **FUTURE** non-supervisory officer positions in the Police Department. Responsibilities include but are not limited to: enforcing North Carolina General Statutes, working closely with neighborhood groups, preparing and presenting court testimony, and writing clear and concise incident reports. Excellent opportunity for advancement and career development. Good benefit package, including the issuance of all required equipment and supplies and a one-on-one vehicle assignment plan. The applicant must be at least 21 years of age, be a U.S. citizen, have a high school diploma or equivalent, possess a valid N.C. driver's license or the ability to obtain, and have no felony convictions. Cannot have been convicted of DUI, DWI, or certain misdemeanors. Applicants will be required to submit to a thorough background investigation, a psychological evaluation, a polygraph examination, a physical fitness test, and a medical examination that includes a drug-screening test. Starting salaries: Police Officer I - \$28,334; Police Officer II - \$31,167; Master Police Officer - \$34,284.

**REQUIRES APPLICATION and APPLICATION ADDENDUM.** May be obtained by visiting or calling the City of Salisbury Human Resources Department, City Office Building, 132 North Main Street, 2<sup>nd</sup> Floor, (704-638-5226), or on website: [www.salisburync.gov](http://www.salisburync.gov)

*The City of Salisbury prohibits discrimination on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.*



**NORTH CAROLINA**  
**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**  
**CRIMINAL JUSTICE STANDARDS DIVISION**  
**Telephone: (919) 716-6470**

*It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose*

## **PERSONAL HISTORY STATEMENT**

**NOTE:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a **CERTIFIED** position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

**NORTH CAROLINA CRIMINAL  
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**Form F-3**  
(Revised 2/03)

**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS:** Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

**NOTE:** All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

**THIS FORM MUST BE NOTARIZED UPON COMPLETION.**

**NOTE:** The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. **DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Position(s) applied for \_\_\_\_\_

Agency \_\_\_\_\_

Month \_\_\_\_\_

Day \_\_\_\_\_

Year \_\_\_\_\_

**PERSONAL**

1. Name \_\_\_\_\_ 2. \_\_\_\_\_  
First Middle Last Social Security Number

All Previous Names \_\_\_\_\_

Nicknames or Aliases \_\_\_\_\_

3. Present Mailing Address \_\_\_\_\_

Street & Number

City

County

State

Zip Code

Permanent Mailing Address \_\_\_\_\_

Street & Number

City

County

State

Zip Code

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Pager Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ 5. Place of Birth: \_\_\_\_\_

6. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other-Specify: \_\_\_\_\_

**NOTE:** Data solicited in this block will be utilized for Equal Employment Statistical information purposes only.

7. Ethnic Background:

☐ American Indian

☐ Spanish American

☐ Asian American

☐ White

☐ African American

☐ Other: \_\_\_\_\_

8. Sex: ☐ Male ☐ Female

9. Have you previously submitted an application for employment with this agency?

☐ YES ☐ NO Approximate date: \_\_\_\_\_

**EDUCATIONAL**

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Yrs. Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools					
B. University or Colleges					
C. Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Education Development (GED) Test?

☐ YES ☐ NO If yes, when and where did you complete the GED?

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NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

**MARITAL**

12. Marital Status (Check One)

☐ Single ☐ Married ☐ Divorced  
☐ Engaged ☐ Separated ☐ Widowed

13. Name of Spouse \_\_\_\_\_

14. List all your children, including any adopted or stepchildren:

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				



**FAMILY HISTORY**

15. Are you related by blood or marriage to any person(s) now employed by this agency?

☐ YES ☐ NO If yes, give name(s) and details:

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16. Is any member(s) of your immediate family now in prison or on either probation or parole?

☐ YES ☐ NO If yes, give name(s) and details:

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**RESIDENCES**

17. List addresses for past 10 years starting with present address at top:

MO.	FROM: YR.	MO.	TO: YR.	ADDRESS OF RESIDENCE (Include COUNTY OF RESIDENCE)	CITY/STATE (Include Zip Code)	LANDLORD

**FINANCIAL**

18. What income other than salary do you have at present?

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19. Are you now supporting all children born to you, adopted by you and stepchildren? ☐ YES ☐ NO If not, give details:

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20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

☐ YES ☐ NO If yes, give name and details:

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21. Have you ever been sued with a civil judgment being rendered against you?

☐ YES ☐ NO If yes, give details:

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22. What is the total amount of all your debts at present? \$ \_\_\_\_\_

23. What is the average monthly total of all your bills, payments, and current living expenses? \$ \_\_\_\_\_

24. List credit references, including businesses to which you make monthly payments:

A. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

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B. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

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C. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

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D. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

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E. \_\_\_\_\_ Amount Owing \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

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## WORK HISTORY

25. Have you ever been denied employment by a criminal justice agency?

☐ YES ☐ NO If yes, list agency name and give details:

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26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details: \_\_\_\_\_

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27. Do you object to wearing a uniform? ☐ YES ☐ NO

28. Do you object to working nights? ☐ YES ☐ NO

29. Do you object to working rotating shifts? ☐ YES ☐ NO

30. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? ☐ YES ☐ NO

31. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor _____		No. employees supervised by you _____	
Date separated:	Employer _____		Address _____	
Full-time Yrs. Mos.	Employer's Telephone Number ( ) _____		City _____	State _____ Zip Code _____
Part-time Yrs. Mos.	Duties: _____			
If part-time, number of hours worked per week: _____				
Reason for leaving: _____				

B. Title of next to last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor _____		No. employees supervised by you _____	
Date separated:	Employer _____		Address _____	
Full-time Yrs. Mos.	Employer's Telephone Number ( ) _____		City _____	State _____ Zip Code _____
Part-time Yrs. Mos.	Duties: _____			
If part-time, number of hours worked per week: _____				
Reason for leaving: _____				

C. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor _____		No. employees supervised by you _____	
Date separated:	Employer _____		Address _____	
Full-time Yrs. Mos.	Employer's Telephone Number ( ) _____		City _____	State _____ Zip Code _____
Part-time Yrs. Mos.	Duties: _____			
If part-time, number of hours worked per week: _____				
Reason for leaving: _____				

D. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor _____		No. employees supervised by you _____	
Date separated:	Employer _____		Address _____	
Full-time Yrs. Mos.	Employer's Telephone Number ( ) _____		City _____	State _____ Zip Code _____
Part-time Yrs. Mos.	Duties: _____			
If part-time, number of hours worked per week: _____				
Reason for leaving: _____				

E. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor _____		No. employees supervised by you _____	
Date separated:	Employer _____		Address _____	
Full-time Yrs. Mos.	Employer's Telephone Number ( ) _____		City _____	State _____ Zip Code _____
Part-time Yrs. Mos.	Duties: _____			
If part-time, number of hours worked per week: _____				
Reason for leaving: _____				

F. Explain periods of unemployment of three months or more \_\_\_\_\_

## MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization? ☐ YES ☐ NO

QUESTIONS 33 THROUGH 42 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? \_\_\_\_\_

34. What was the highest rank that you held? \_\_\_\_\_

35. What was the date and location of your first entrance into active duty? \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

36. What were your unit assignments in the service?

BRANCH	UNIT (Company or Ship)	LOCATION	FROM Mo/Yr	TO Mo/Yr

37. What was the date and location of your last discharge from active duty?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

38. Was your last discharge honorable? ☐ YES ☐ NO

If no, was it characterized as bad conduct ☐ or dishonorable ☐ ?

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non judicial punishment (Captain's mast, company punishment, Article 15, etc.), or any other disciplinary action while a member of the armed forces?

☐ YES ☐ NO If yes, explain: \_\_\_\_\_

40. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_

41. List all medals and decorations awarded you during your military service: \_\_\_\_\_

42. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: \_\_\_\_\_

## USE OF ALCOHOL OR DRUGS

NOTE: In questions 43, 44, 45 and 46, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages? ☐ YES ☐ NO If yes, to what degree?

44. Have you ever used marijuana? ☐ YES ☐ NO If yes, what were the circumstances?

When was the last time?

45. Have you ever used any other illegal drugs, including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

☐ YES ☐ NO If yes, what were the circumstances?

When was the last time?

46. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?

☐ YES ☐ NO If yes, what were the circumstances?

## CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

(The term "charged" as used in this question includes being issued a citation or criminal summons.)

☐ YES ☐ NO If "Yes," please give details:

A. Offense charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

B. Offense charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

C. Offense charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

(ATTACH EXTRA SHEETS, IF NECESSARY.)



48. Have you ever had a Domestic Violence Protection Order issued against you?  
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)  
☐ Yes ☐ No

Date of Issuance: \_\_\_\_\_  
County of Issuance: \_\_\_\_\_  
Name of Plaintiff: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_

49. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:
- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
  - (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
  - (c) Are a fugitive from justice.
  - (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
  - (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
  - (f) Have been discharged from the Armed Forces under dishonorable conditions.
  - (g) Are illegally in the United States.
  - (h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? ☐ YES ☐ NO If yes, explain: \_\_\_\_\_

50. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

☐ YES ☐ No

Offense Charged: \_\_\_\_\_  
Law Enforcement Agency: \_\_\_\_\_  
Date: \_\_\_\_\_  
Disposition: \_\_\_\_\_

51. Have you ever been charged with or convicted of a felony? ☐ YES ☐ NO If yes, give details: \_\_\_\_\_

52. Have you ever been placed on probation? ☐ YES ☐ NO If yes, give details: \_\_\_\_\_

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

☐ YES ☐ NO If yes, give details: \_\_\_\_\_

54. Can you operate a motor vehicle? ☐ YES ☐ NO

55. Do you possess a valid driver's license from the State of North Carolina? ☐ YES ☐ NO

Driver's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

56. Do you possess a driver's license issued by any state other than the State of North Carolina? ☐ YES ☐ NO

If yes, give the state and number: \_\_\_\_\_

57. Was your license ever suspended or revoked? ☐ YES ☐ NO If yes, state which and give reasons:

58. Was your license ever restored? ☐ YES ☐ NO When? \_\_\_\_\_

59. Have your driving privileges ever been restricted? ☐ YES ☐ NO If yes, give details: \_\_\_\_\_

### CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

61. List special skills, training, fields or work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

### REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature in full)

Subscribed and sworn to before me,  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_\_